



2024 SUMMER CAMP

REGISTRATION, EMERGENCY CONTACT

AND HELATH INFORMATION FORM

(PLEASE PRINT CLEARLY)

NAME: _____ AGE _____ GENDER _____

ATTENDING SCHOOL & CITY _____ GRADE LEVEL _____

HOME ADDRESS: _____

CAST MEMBER EMAIL ADDRESS (if applicable) _____ PHONE _____

PARENT EMAIL ADDRESS _____ PHONE _____

PARENT 2 CONTACT NAME _____ PHONE _____

PARENT 2 EMAIL AND HOME ADDRESS IF DIFFERENT _____

EMERGENCY CONTACT NAME _____ PHONE _____

REGISTRATION FEE

Registration Fee is \$150.00 per child.

Morning Camp 9am-12pm: Ages 6-11 years old

Afternoon Camp 1pm-4pm: Ages 12+ years old

ARTSTART'S NOTES

Payment _____ Date _____ Payment Method _____

HEALTH INFORMATION AND GENERAL RELEASE

KNOWN ALLERGIES OR OTHER MEDICAL NEEDS OR CONDITIONS THAT DIRECTORS AND ARTSTARTS' VOLUNTEERS SHOULD BE AWARE OF: _____

IN CASE OF MEDICAL EMERGENCY WHO SHOULD BE CONTACTED (Provide Name and Phone Number)

The undersigned enters this agreement with Artstarts Company,

I have been informed and understand that Artstarts Company may photograph or record participants during the production of this show. I grant Artstarts Company, the right to use my likeness, image, voice, appearance and performance, hereinafter referred to as the "product", and the right to broadcast, exhibit, market, sell, display, and to post the product to the Artstarts Company's website, Facebook, and other social media outlets, and otherwise distribute the product from the production.

The participant, or if the participant is a minor, the participant's parent or legal guardian agrees to hold Artstarts Company harmless from any liability for loss or injury which may occur during production. Should the participant cause property damage, the participant or the participant's parent or legal guardian agree to indemnify Artstarts Company for any damage caused by the participant.

I confirm that I have a right to enter into this agreement on behalf of the child whose name is indicated below that I am not restricted by any commitment to third parties, and that Artstarts Company has no financial commitment or obligation to me as a result of this agreement.

I have read the foregoing and understand and agree to its terms:

PARTICIPANTS NAME (PLEASE PRINT) _____ AGE _____

PARTICIPANTS SIGNATURE IF AN ADULT _____ DATE _____

PARENT OR GUARDIAN NAME (PLEASE PRINT) _____

PARENT OR GUARDIAN SIGNATURE _____ DATE _____